Supported Employment Readiness Analysis

I. Current Status/Information

The person referring the individual for supported employment services through the Iowa Vocational Rehabilitation Services must complete Section I. Current Status/Information and submit it to the IVRS Counselor. If this form is used for referral to other organizations, the person making the referral should complete Section I and submit it to the most appropriate entity. Provide additional information for Section II and Section III if available.

Name of Client:_____Date:_____
Address: _____ City: _____ Phone: _____
Date of Birth:_____ Medicaid Number_____
Contact Person: _____
Address: _____ City: _____ Phone: _____

1. What is motivating this person to be interested in community employment?
   _____
2. Describe the person's work-related activities?

Current Work Status	Hours per Week
Volunteer	
Workshop	
Community Job	
School Work Experience	
Other	

3. Can they work 20 hours or more a week? _____ Yes _____ No
4. If not, how many hours a week can they work ___ and what prevents them from working more hours?
   _____
5. Does the person want a different job? _____Yes _____ No If Yes, what type of job do they want?
   _____
6. Is there a case manager/Social Worker? Yes ___ No ___
   Name/Phone_____
7. Does the case manager/Social Worker feel that there is a need for supported employment services? Yes ____ No ___
8. Is there a guardian? Yes ___ No ___
   Name/Phone:_____
9. Is the guardian supportive of a community placement and understand the impact it will have on Social Security Benefits?
   _____
10. Additional comments

_____

SIGNATURE OF GUARDIAN: _____Date:_____

SIGNATURE OF CLIENT: _____Date:_____
SUBMITTED TO:_____Date:_____

(This section is to be completed by the interdisciplinary team that determines the next appropriate step.)

Decision(s)	Action(s)/Date	Party Responsible

II. Assessment/Evaluations:

If the individual being referred for supported employment services has already completed some form of assessment or evaluation attach a copy of those reports to this form and complete the following questions. If the report identifies the vendor of the assessment/evaluation and the date then question number one may be skipped. Attach copy of formal assessment, if available.

11. Please provide information on person's medical/psychological condition.

    _____

12. Has the person had a vocational evaluation/assessment – when/where?

    _____

13. Describe their social skills

    _____

14. Explain how the assessment or current level of performance supports community employment (work skills, work habits, etc.

    _____

15. Benefits Analysis Information: What benefits is the person receiving and how would they be affected by additional income?

    _____

16. Does the TEAM feel the person is ready for community employment? Yes _____ No _____

    If no, identify next steps _____

(This section is to be completed by the interdisciplinary team that determines the next appropriate step.)

Decision(s)	Action(s)/Date	Party Responsible

III. Supported Employment Readiness:

If the interdisciplinary team determines that the client demonstrated appropriate performance in the assessment and evaluation process conducive to competitive employment then Section III Supported Employment Readiness must be completed by the interdisciplinary team for consideration for community employment.

1. How is this demonstrated?

    Indicators of Productivity?_____
    Acceptance of Supervision?_____
    Dependability?_____
    Getting along with others?_____
    Staying on task?_____
    Hygiene/appearance?_____
    Level of independence on the job?_____
    Commitment/motivation to change?_____
    Accommodations needed?_____
    Other _____

2. Additional comments related to Transportation and Child Care

_____

Team Members:	Address:	Phone:

(This section is to be completed by the interdisciplinary team that determines the next appropriate step.)

Decision(s)	Action(s)/Date	Party Responsible

IV. Skills/Services and Supports for employment:

If the interdisciplinary team determines that the client demonstrates the appropriate work habits, behaviors and skills to work in the competitive labor market, then the team must complete section and submit it to the appropriate funding source.

1. What are the known barriers?

   _____

2. What supports are needed?

   _____

3. Are those supports in place (who, what, where, how – i.e. job coaching, county support)?

   _____

   _____

4. Has the individual received supported employment services before?

   _____

5. If so, what occurred and what has changed?

   _____

   _____

1. What does the person need to experience successful community employment?

   _____

2. Recommendations/suggestions?

   _____

3. Additional Comments:

   _____

Signature of interdisciplinary team member completing form _____
Date _____

(This section is to be completed by the interdisciplinary team that determines the next appropriate step.)

Decision(s)	Action(s)/Date	Party Responsible

FORM SES/RA – 1

Supported Employment Placement Agreement

Client :

Desired Vocational Goal:

Alternative Vocational Goals:

-
-
-

Maximum hours capable of working: Expected wage:

Minimum hours that are acceptable (20 or more)*: Work Schedule:

Non-negotiable issues:

-
-
-

Client Responsibility:

Family/Guardian Responsibility:

IVRS Responsibility:

Case Manager Responsibility:

CRP Responsibility:

Who will provide/fund long term follow-up, advancement, placement in new position?

Name/ Position	Address	Phone	Service

_____ _____

Client Signature Date Guardian Signature Date

_____ _____

CRP Staff Signature Date Other Members Date

_____ _____

IVRS Signature Date Case Manager/Social Worker Signature Date

CPC Approval Obtained by: _____

Date: _____

**Prior to any authorization for supported employment services by IVRS, the Area Office Supervisor must approve the plan if the minimum hours do not meet the agency requirements.*

Job Analysis Consultation

Employer Name: **Contact Person**:

Job Title: **SOC Code**:

Address:

Phone:

Shift Length: **# of Days per Week**:

Wage/Benefits:

Educational Requirements:

Work Experience Requirements:

Certifications/License/CEU Requirements:

Medical Exam Required? **Drug Test Required**?

Background Check Required (Department of Criminal Investigation)?

Orientation:

Briefly State the Purpose of the Job

List Essential Functions of Position:

<u>Sequence of Tasks</u>:

List steps of each task (or essential function) in sequential order. If the job involves more than one task, complete a separate list for each task.

<u>Job Requirements Summary</u>

<u>Key Physical Demands</u>:

Key Environmental Demands:

Primary Machines, Tools, Equipment, Work-aids:

Primary Materials, Products, Subject Matter, Services:

Supervision:

Work Culture (Teams, Lunch, Breaks):

Specific Job Demands Evaluation

Physical Demands

In an eight hour workday, "Occasionally" equals 1% to 33%, "Frequently" equals 34% to 66% and "Continuously" equals 67% to 100%. Please rate the following and check the appropriate box.

	Never	Occasionally	Frequently	Constantly	Comments
1. Strength					
Lifting					
S.up to 10 lbs.					
L.10-20 lbs.					
M.21-50 lbs.					
H.51-100 lbs.					
V.over100 lbs.					
Carrying					
L.up to 10 lbs.					
M.11-25 lbs.					
H.26-50 lbs.					
V.Over 50 lbs.					
Pushing/ Pulling					
Up to 10 lbs.					
10-24 lbs.					
25-49 lbs.					
50-100 lbs.					
Over 100 lbs.					
2. Climbing					
Ladder					
Steps					
Other					
	Never	**Occasionally**	**Frequently**	**Constantly**	**Comments**

3. Lower Extremities					
Stooping					
Squatting					
Crawling					
Kneeling					
Balancing					
Bending					
Twisting					
4. Upper Extremities					
Reaching					
At shoulder level					
Hand/Wrist Motions					
Grasping					
Right					
Left					
Repetitive					
Fine Manipulating					
Right					
Left					
Repetitive					
5. Speaking Requirements					
6. Hearing Requirements					
7. Sight Requirements:					
20 inches or less					
20 feet or more					
8. Other					
Sitting					
Standing					
Driving					
Walking					
Distance:					
0-10 feet					
10 feet to 90 feet					
30 yards to 100 yards					
Even Surface					
Uneven Surface					

Environmental Conditions

(If yes, Describe conditions addressed)

1. Inside:	Outside:
2. Extreme Cold	Temperature Range:
3. Extreme Heat	Temperature Range:
4. Humid or wet conditions:	Source:
5. Noise	Source:
6. Hazards:	
Mechanical	
Electrical	
Hot material	
Fire	
Chemical agents	
Heights	
Moving Equipment	
Sharp tools	
Cluttered floors	
Damp/Wet floors	
Poor lighting	
Other (List)	
7. Atmospheric Conditions	
Poor ventilation Source:	
Fumes	Source:
Odors	Source:
Dust	Source:
Mist	Source:
Gasses	Source:
Other:	

Barriers to Employment for People with Disabilities

Physical Barriers:

Attitudinal Barriers:

Procedural Barriers:

Potential Reasonable Accommodations:

Signature of IVRS staff: _____ Date: _____

Employer signature agreeing to basic description of the job: _____

Customized Training Agreement/Plan

Name of Employee/Trainee: _____

Name of Employer/Training Site:_____

Business Address: _____

Business Contact: _____

Business Phone #: _____

Supervisor/ Trainer: _____

Hours/Wk: _____

Work Schedule:

Mon	Tues	Wed	Thurs	Fri Sat Sun Split Shift

Job Title: _____
SOC Code: _____
Beginning Date: _____

IVRS Responsibilities:

1. IVRS Staff will provide support to the Employer, CRP/Trainer and the Employee/Trainee during the training period and will be available for follow-up after the training is completed.
2. IVRS Staff will assist the Employer, CRP and Employee/Trainee with determining what reasonable accommodations may be required to perform the essential functions of the position.
3. IVRS will assist Employer in identifying funding sources for accommodations when possible.
4. IVRS will assure that long term supports are in place for the client upon completion of training.

Employer Responsibilities:

1. Employer agrees that the intention of the supported employment training is that the Employee will be retained following training if the performance is satisfactory.
2. Employer will assure that the Employee/Trainee is covered under the Employer's workers compensation insurance.
3. Employer will notify CRP and IVRS when issues arise.
4. Employer/Trainer will provide for any reasonable accommodations that may be necessary, unless the accommodation is for training needs only.
5. Employer/Trainer will complete monthly evaluation of Employee/Trainee's performance with IVRS staff.

Employee/Trainee Responsibilities:

1. Employee/Trainee will attend work regularly.
2. Supported employment training is considered employment.
3. Employee/Trainee will maintain contact with the IVRS Staff as determined at the time this agreement is established.
4. Employee/Trainee will contact IVRS Staff if any problems should arise.
5. Employee/Trainee will evaluate training program at the end of the training program.
6. Employee/Trainee will ask questions necessary to learn the job.
7. Employee/Trainee will follow instructions and accept supervisory correction and direction.

Community Rehabilitation Program Responsibilities:

1. Follow the Individualized Training Plan
2. Keep IVRS and Employer informed of any issues with the trainee that could create problems on the job site
3. Track trainee's progress and note when skills are learned
4. Identify along with IVRS and Employer when stabilization has occurred.
5. Complete forms and reports as needed.

All Responsible:

1. All responsible for this agreement/plan must initial any activity that is added after the start date of the agreement/plan which acknowledges that the activity is necessary and has been communicated in order to achieve success.

This agreement is between IVRS, CRP, trainee and the Employer. The purpose of the agreement is to clarify the operation of the Individualized Training Program. It is expected that the Employee/Trainee will be retained past the training period should the employer evaluate the worker's performance as satisfactory. The employer is encouraged to consult with the IVRS Staff for any training concerns. Should there be any questions; the employer is encouraged to contact the IVRS Staff at the contact number below.

Position	Signature/Date	Contact Information
Employer/Trainer		
Trainee		
IVRS Staff		
CRP Representative		

Employee/Trainee: _____ Date: _____

Competency Attainment Rating
Job Title _Food Prep_____

Job Skill	Training Schedule	Rating (NI, SL, A)	Comments

NI – Needs Improvement, SL – Still Learning, A - Acceptable

Job Coaching Hours:

Number of Hours	Timeframe	Fading Plan

Soft Skills Attainment Rating

Employer: _____
Employee: _____
Time Period Covered: _____
Date of Report: _____

Soft Skill	Training Strategy	Rating NI, SL, A	Comments
Knowledge of Job			
Quality of Work			
Quantity of Work			
Initiative			
Supervision Required			
Interest in Job			
Judgment			
Appearance			
Co worker Relations			
Acceptance of Constructive Criticism			
Responds Positively in Action to Suggestion/Criticism			
Works Hard			

NI – Needs Improvement, SL – Still Learning, A - Acceptable

As of _____, _____ has successfully
(Date) (Trainee)

completed training and has attained the job specific skills listed above as a

_____. (Job title)

_____ _____
Signature of Employer/Trainer Date

*** Electronic copy of Iowa Supported Employment Model forms are available at IVRS. Please contact **tomoko.yajima@iowa.gov** for an electronic copy.

*** Iowa SE Model Manual can be found on IVRS website under "Partners" section: **www.ivrs.ia.gov**

(3/24/08 ty)